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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
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OR									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
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Assignee Name and Address;									
Assignee Name and Adoress: Electronics for Imaging, Inc.									
303 Velocity Way									
Foster City, CA 94404									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be									
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of									
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record									
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	Ba	~ <i>K</i>				Date	10/9/0:	8	
Name	Bryan Ko)				Telephor	ne 650-30	7-4164	
Title	Gener								
This collection of Information is required by 37 CFR 131, 1,32 and 133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is process) an application. Contribertability be governed by 35 US. C.12 and 37 CFR 111 and 1.1.4. This collection is estimated as a finundes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments to the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, D.O. Box 1450, Alexandris, VA 22313-490. DO NOT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 4540, Macvandris, VA 22313-4400.									